

## LISTS/LABELS REQUEST APPLICATION/PAYMENT AGREEMENT

NAME \_\_\_\_\_

ADDRESS \_\_\_\_\_

\_\_\_\_\_

EMAIL ADDRESS \_\_\_\_\_

Format Requested: ☐ Printed ☐ Electronic (Excel format)

☐ List only ☐ Labels only ☐ List and Labels

☐ Certified Applicators ☐ Businesses ☐ Registered Products

☐ Commercial Applicators and Registered Technicians

☐ Private Applicators

☐ All Applicators ☐ Specific certificate expiration date \_\_\_\_\_

☐ Only Applicators needing recertification credit \_\_\_\_\_ (date)

☐ All Businesses ☐ Businesses by Category ☐ Businesses by Type

☐ Business by County/City

☐ All Registered Products ☐ Products by Company \_\_\_\_\_  
(name of company)

Commercial Categories Requested: \_\_\_\_\_

Counties/Cities Requested: \_\_\_\_\_

\_\_\_\_\_

I, \_\_\_\_\_ agree to pay all fees which may occur.  
(print name)

Signed \_\_\_\_\_ Date \_\_\_\_\_